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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/544,508	04/06/2000	Phil Wyatt	MCO-P-00-001	9081
7590	04/15/2004		EXAMINER	
Patents+TMS A Professional Corporation 1914 N Milwaukee Avenue 3rd Floor Chicago, IL 60647			DIXON, THOMAS A	
			ART UNIT	PAPER NUMBER
			3629	
DATE MAILED: 04/15/2004				

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary	Application No.	Applicant(s)
	09/544,508	WYATT, PHIL
	Examiner Thomas A. Dixon	Art Unit 3629 M4

All participants (applicant, applicant's representative, PTO personnel):

(1) Thomas A. Dixon. (3) ____.
 (2) Brian Anscomb. (4) ____.

Date of Interview: 15 March 2004.

Type: a) Telephonic b) Video Conference
 c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.
 If Yes, brief description: ____.

Claim(s) discussed: 1,11-14,19 and 20.

Identification of prior art discussed: Stanis.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

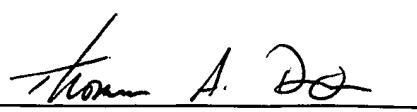
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments:

1. Claims 11-13 seem necessary or redundant to the limitations of claim 1 and claim 20 into claim 14
2. Stanis is not seen to disclose the matching as claimed claimed
3. Examiner reserves the right to update the search to find the proposed features

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.


 Examiner's signature, if required